

Matter Numb	er:		
	/	/	

## Form 48 – Application to extend nominal expiry date of bargaining instrument

Industrial Relations Act 2016, section 223
Industrial Relations (Tribunals) Rules 2011, rule 175

## Information

- An agreement made with an employee organisation for employees proposed to be employed in a new business or a bargaining instrument to which section 210(4) applies may not be extended, see s 223(6).
- This application must be accompanied by an affidavit which addresses the requirements of s 223 of the Act, and r.175.
- The applicant must file the original application and affidavit.
- If the applicant wants a copy of the filed application returned, the applicant must give the registrar an extra copy.

For further information please contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au

## Take notice that

I a party we the parties to the bargaining instrument apply for an extension of the operation of the bargaining instrument.

PLEASE NOTE: If there are more than two parties to this application, please complete a Form 1 – Parties list and file it with this form.

Details of bargaining instrument					
Name of bargaining instrume	ent:				
Matter number:	/	/			
Date of making:	/	/			
Expiry Date:	/	/			
Extended expiry date:	/	/			

The matters required under the act and rules are set out in the affidavit attached to this application.

Signature of employer representative:	
Name:	
Title of office held:	
Date:	/ /
Signature of witness:	
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Name:	
Nume.	
Title of office held:	
Date:	
Signature of employee organisation:	
Signature of employee organisation:	
Signature of employee organisation:  Name:	
organisation:	
organisation:	
organisation:	
organisation:  Name:  Title of office held:	
organisation:  Name:	
organisation:  Name:  Title of office held:  Date:	
organisation:  Name:  Title of office held:	
organisation:  Name:  Title of office held:  Date:	
organisation:  Name:  Title of office held:  Date:	
organisation:  Name:  Title of office held:  Date:  Signature of witness:	
organisation:  Name:  Title of office held:  Date:	
organisation:  Name:  Title of office held:  Date:  Signature of witness:	
organisation:  Name:  Title of office held:  Date:  Signature of witness:	
organisation:  Name:  Title of office held:  Date:  Signature of witness:	
organisation:  Name:  Title of office held:  Date:  Signature of witness:	

The Applicant:					
Name of contact person:					
Organisation:					
Postal address:					
	Suburb/Town				Postcode
Phone number:			Fax number:		
Mobile number:					
Email address:					
The Respondent:					
Name of contact person:					
Organisation:					
Postal address:					
	Suburb/Town				Postcode
Phone number:			Fax number:		
Mobile number:					
Email address:					